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I-SHARE Brazil questionnaire: adaptation from Portuguese to Brazilian Portuguese

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Abstract

The COVID-19 pandemic brought increased challenges regarding access to services, adequate responses, guaranteeing rights, among others, for the area of sexual and reproductive health in Brazil and around the world. The "International Sexual Health and Reproductive Health Survey" (I-SHARE), a global study carried out in more than 40 countries, arises from the need to investigate this situation, making it necessary to create and adapt instruments capable of capturing this new global reality. The objective of this article is to present the process of adapting the I-SHARE questionnaire from Portuguese to Brazilian Portuguese. The Brazilian version of the I-SHARE questionnaire included 15 large blocks of questions related to COVID-19, violence and sexual and reproductive health. Adaptation forced to accommodate linguistic, cultural and institutional differences of different nature. The pre-test, carried out with 10 people, revealed good acceptance, with no difficulties in understanding or analyzing on the part of the participants. It is concluded that the I-SHARE Brazil questionnaire, in addition to having served as a particular research in the context of the COVID-19 pandemic, can be adapted to other realities and future studies in the field of sexual and reproductive health in Brazil.

Keywords: Sexual and Reproductive Health. COVID-19. Global Health.

INTRODUCTION

Prevention measures against COVID-19, especially social distancing, have had a profound influence on the sexuality and sexual and reproductive health of the world's populations[1]. International literature has reported that the pandemicss reduced the number of pregnant women who gave birth in hospital units and delayed the search for healthcare[2]. Women who became pregnant during the pandemics were at greater risk of adverse events, such as a higher incidence of stillbirths, miscarriages and/or small for gestational age babies[3]. Evidence from other public health emergencies (e.g. humanitarian disasters and wars) also suggests that, in crisis situations, many women have less access to family planning services in order to avoid unwanted pregnancies[4,5], and there is a smaller supply of condoms and other contraceptives[6,7].

In addition to the global scenario of the pandemics, in terms of the Federal Government, Brazil was highlighted as one of the most negative examples of combating COVID-19[8]. In this sense, research initiatives on the impact of this disease on Reproductive and Sexual Health have become urgent. It was in this context that the "International Sexual Health and Reproductive

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Health Survey" emerged, commonly known as I-SHARE. An international team (Ghent University and partner institutions, and a team from the London School of Hygiene and Tropical Medicine, working in partnership with the World Health Organization's Human Reproduction Program) proposed research into sexual and reproductive health via online line and held globally in more than 40 countries on all continents of the world[1,9].

Brazil began its integration process in January 2021, in order to accompany the development and implementation of I-SHARE II. This global study allows, in a comparative way, to evaluate whether the pandemics situation and the measures that each country adopted to control it, had an effect on sexuality, the increase in domestic violence and reproductive outcomes[1]. Inspired by the assumption of an "open science", one of the objectives of the study is to culturally adapt the research instruments in order to carry out the planned global comparisons[1,9].

The present work aims to present the process of adapting the I-SHARE questionnaire from Portuguese to Brazilian Portuguese.

METHODS

The adaptation process began with the familiarization with the original instrument in English and, simultaneously, in European Portuguese. The Brazilian version was based on the Portuguese version, which has a mandatory section relating to the declaration of informed consent and sociodemographic characterization, and, subsequently, a series of sections relating to COVID-19, violence and sexual and reproductive health, of mandatory, optional and recommended inclusion.

Subsequently, and after selecting the blocks that made sense for the Brazilian context, the items were culturally adapted, which were translated into Brazilian Portuguese by two Brazilian researchers; readapted into European Portuguese, by a Portuguese researcher with professional knowledge of Brazilian Portuguese; and after comparing the two versions, a synthesis version was prepared, which was readapted to the original language by a Portuguese researcher. This process was carried out independently by researchers versed in the topic, and depending on the stage of the adaptation process, with absolute mastery of the type of Portuguese in question (from Brazil or Portugal). Thus, the same standard process recommended[10] and used in other Brazilian studies[11] for translations and adaptations in epidemiology and public health was followed.

In accordance with the procedures protocoled for all participating countries[1], the questionnaire was pre-tested on 10 Brazilian people, outside of an academic and scientific research environment, to assess understanding and acceptance of the questions, as well as understand the instrument's application time. With this exercise, small final adjustments were made.

RESULTS

The Brazilian version of the I-SHARE questionnaire included 15 main blocks of questions: (1) sociodemographic characterization, (2) interpersonal relationships, (3) menstruation, (4) access to contraception, (5) access to reproductive health services, (6) abortion, (7) sexual behavior, (8) HIV/STI and access to condoms, (9) violence, cybervictimization and bullying, (10) family functioning, (11) information and knowledge about COVID-19, (12) access to healthcare, (13) substance use and treatment, (14) telemedicine, and (15) mental health.

Examples of adaptation results, following the steps of a translation/back-translation process and evaluation of semantic equivalence, are presented in Table 1.

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Table 1 - Examples of items proposed by the Portuguese version of Portugal and their adaptation to Brazilian Portuguese, according to specific modification criteria. Salvador/BA, Brazil, 2021.

Adaptation from Portuguese to Brazilian Portuguese		
Modification Criteria	**Portuguese version**	**Version adapted to Brazilian Portuguese**
Very similar sentences, different placements	Com que frequência fez login em apps para relações amorosas/sexo nos últimos três meses? (How often have you logged into dating/sex apps in the last three months?)	Nos últimos três meses, com que frequência fez login em apps para relações amorosas/sexuais? (In the last three months, how often have you logged into dating/sexual relationships apps?)
Words used in one country and not in another	Teve um/a namorado/a ou parceiro/a fixo aquando da introdução das medidas de confinamento a 15 de janeiro de 2021? (Did you have a boyfriend/girlfriend or steady partner when the confinement measures were introduced on January 15, 2021?)	Você tinha parceiro/a fixo (namorado/a, marido/esposa, companheiro/a) quando as medidas de distanciamento social para o controle da COVID-19 começaram? (Did you have a steady partner (boyfriend/girlfriend, husband/wife, partner) when the social distancing measures to control COVID-19 began?)
Adding a word, but same verb tenses and way of writing	Qual é o principal motivo para não usar contraceptivos? (What is the main reason for not using contraceptives?)	Qual é o principal motivo para você não usar contraceptivos? (What is the main reason you don't use contraceptives?)
Adaptation to the physical reality and institutions of each country (options of healthcare treatments to those who resorted to them)	1 Family's doctor	1 Doctor/ Private service
	2 Hospital doctor/nurse	2 Doctor/nurse in the outpatient clinic/ pharmacy of the hospital/maternity ward
	3 Community Health Center	3. Family Health Unit/ Basic Health Unit/ Health Center/ Local Health Unit/ Family Health Programme
	4 Online services	4 Purchase online
	5 Telephone services	5 Purchase by phone
	6 Over-the-counter services (pharmacy)	6 Over-the-counter services (pharmacy)
	7 None: did not use contraception	7 None: did not use contraception
	8 Other	8 Other
Adaptations to the political reality of each country (in Portugal there was mandatory lockdown/ confinements, in Brazil there was not).	Alguma consulta pré-natal foi perdida ou cancelada durante as medidas do novo confinamento da COVID-19? (Have any prenatal appointments been missed or canceled during the new COVID-19 lockdown measures?)	Alguma consulta pré-natal foi perdida ou cancelada durante as medidas de distanciamento social adotadas para o controle da COVID-19? (Have any prenatal appointments been missed or canceled during the social distancing measures adopted to control COVID-19?)
Different ways of writing the same word	Porque planeja ter o seu parto em casa? (Why are you planning to give birth at home?)	Por que você planeja o seu parto em casa? (Why are you planning to give birth at home?)
Different words due to cultural choices, although all words exist in the vocabulary of both countries	Rapariga (Young lady)	Moça (Young lady)
	Estado civil (Marital status)	Situação conjugal (Marital status)
Slight linguistic adaptations in words	Controlo (Control)	Controle (Control)
	Anónima (Anonymous)	Anônima (Anonymous)

to be continued...

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... continuation Table 01

Adaptation from Portuguese to Brazilian Portuguese		
Modification Criteria	**Portuguese version**	**Version adapted to Brazilian Portuguese**
Slight linguistic adaptations in words	Húmidos (Damp)	Úmidos (Damp)

Adaptations were necessary to accommodate linguistic, cultural and institutional differences. For example, "confinamento" (confinement) was excluded, because in addition to the term not being used in Brazil in the context of the pandemics, using the anglicism "lockdown" instead, in Portugal it is used to describe the mandatory sanitary isolation that occurred, decreed by the National Government, similar to what happened in several countries around the world[12], but not in Brazil. Other substitutions were also made, such as, "rapariga" for "moça" (both meaning young lady), due to the cultural use of each of the words in their respective contexts, although both are known and used in Portugal and Brazil. Very similar sentence situations, but different placements occurred in the adaptation process, as well as the need to add pronouns (ex. você - you) or words that differ minimally (ex. húmido/úmido - damp).

The pre-test revealed good acceptance, with no difficulties in understanding or analyzing on the part of the participants. Therefore, there was no need for major changes to the adaptations made by the researchers involved.

DISCUSSION

The challenge of adapting an instrument that is intended to be global and is being applied in more than 40 countries is great. The original proposal for the questionnaire in English[1] was the starting point for successive adaptations in different countries, which are intended to be culturally appropriate to each context, while at the same time maintaining some consistency in the essentials, in order to allow comparative analyzes and multinationals in terms of sexual and reproductive health during the COVID-19 pandemic.

Multicenter, regional and international comparison and analysis of sexual and reproductive health is essential, as studies in a single country are not able to provide a broader view of global and regional trends in the field of reproductive and sexual health[1,9]. Another important aspect is that the comparison allows us to evaluate the relationship between each local policy and the outcomes related to sexual and reproductive health, ultimately allowing us to verify which actions obtained the most positive results, or not[1]. Finally, the comparison between countries or even between regions of the same country, allows us to understand whether the variations observed in sexual and reproductive health during the pandemics result from structural differences in this context and which are prior to the crisis situation, or are the result of COVID-19 containment measures adopted in each country.

The adaptation of the questionnaire from Portugal to Brazil, more than linguistic challenges, which also existed despite the language being the same, required an effort to adapt the questions to capture the reality of each of the two countries, which was quite divergent. While Portugal underwent governmental management of the pandemics based on science and adhering to the recommendations for containing the pandemics filed by the World Health Organization[12], Brazil dealt with a federal government that was absolutely denialist and promoted misinformation and illiteracy regarding the disease[13]. Therefore, it is considered that the I-SHARE Brazil questionnaire will help to

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evaluate the Brazilian reality, comparing it to what happened in other countries around the world, and, in this way, outline effective paths for the future in the field of sexual and reproductive health.

CONCLUSION

The I-SHARE Brazil questionnaire, in addition to being used in this specific study, can be adapted to another temporal reality and used in other research within the scope of sexual and reproductive health in the Brazilian context. Its use in research will increase knowledge about the national reality, but also be used in global studies. Additionally, it may support clinical practice in sexual and reproductive health contexts. In both cases, this instrument intends to contribute to the advancement of public policies and public health practices in Brazil and in other countries where it is being applied.

CREdiT author statement

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All authors read and agreed to the published version of the manuscript.

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